

01/15/02

11-17-02

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15525 U.S. PTO

Please type a plus sign (+) inside this box ☐

PTO/SB/05 (11-00)

Approved for use through 10/31/2002 CMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(h))

Attorney Docket No.	C-34071/US
First Inventor	Gao, P., et al.
Title	Pharmaceutical Composition Having Reduced Tendency, etc.
Express Mail Label No.	EJ809798213US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

- ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status.
See 37 CFR 1.27.
- ☒ Specification [Total Pages **69**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **3**]
- Oath or Declaration [Total Pages **1**]
 - ☐ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- ☐ Application Data Sheet. See 37 CFR 1.76

- ☐ CD-ROM or CD-R in duplicate, large table Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - ☐ Computer Readable Form (CRF)
 - Specification Sequence Listing on:
 - ☐ CD-ROM or CD-R (2 copies); or
 - ☐ paper
 - ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☐ Assignment Papers (cover sheet & document(s))
- ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
- ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____ / _____

Prior application information: Examiner _____

Group / Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Labelor ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Pharmacia Corporation				
	Patent Department				
Address	800 N. Lindbergh Boulevard-04E				
City	St. Louis	State	MO	Zip Code	63167
Country	USA	Telephone	314-694-6812	Fax	314-694-9095

Name (Print/Type)	James C. Forbes	Registration No. (Attorney/Agent)	39,457
Signature	<i>James C. Forbes</i>	Date	January 15, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT \$2,222.00

Complete if Known

Application Number	To be assigned
Filing Date	January 15, 2002
First Named Inventor	Gao, P., et al.
Examiner Name	To be assigned
Group Art Unit	To be assigned
Attorney Docket No.	C-3407/1/US

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **19-1025**
Deposit Account Name **Pharmacia Corporation**

- ☐ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR § 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)		
101 710	201 355			Utility filing fee	740.00
106 320	206 160			Design filing fee	
107 490	207 245			Plant filing fee	
108 710	208 355			Reissue filing fee	
114 150	214 75			Provisional filing fee	
SUBTOTAL (1)					\$740.00

2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims $93 - 20^{**} = 73$	$73 \times 18.00 =$	1,314.00
Independent Claims $4 - 3^{**} = 1$	$1 \times 84.00 =$	84.00
Multiple Dependent		

Large Entity Small Entity	Fee	Fee	Fee	Fee Description
Code (\$)	Code (\$)	Code (\$)	Code (\$)	
103 18 203 9				Claims in excess of 20
102 80 202 40				Independent claims in excess of 3
104 270 204 135				Multiple dependent claim, if not paid
109 80 209 40				** Reissue independent claims over original patent
110 18 210 9				** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$1,482.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

Large Entity Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)		
105 130 205 65				Surcharge - late filing fee or oath	
127 50 227 25				Surcharge - late provisional filing fee or cover sheet	
139 130 139 130				Non - English specification	
147 2,520 147 2,520				For filing a request for ex parte reexamination	
112 920* 112 920*				Requesting publication of SIR prior to Examiner action	
113 1,840* 113 1,840*				Requesting publication of SIR after Examiner action	
115 110 215 55				Extension for reply within first month	
116 390 216 195				Extension for reply within second month	
117 890 217 445				Extension for reply within third month	
118 1,390 218 695				Extension for reply within fourth month	
128 1,890 228 945				Extension for reply within fifth month	
119 310 219 155				Notice of Appeal	
120 310 220 155				Filing a brief in support of an appeal	
121 270 221 135				Request for oral hearing	
138 1,510 138 1,510				Petition to institute a public use proceeding	
140 110 240 55				Petition to revive - unavoidable	
141 1,240 241 620				Petition to revive - unintentional	
142 1,240 242 620				Utility issue fee (or reissue)	
143 440 243 220				Design issue fee	
144 600 244 300				Plant issue fee	
122 130 122 130				Petitions to the Commissioner	
123 50 123 50				Processing fee under 37 CFR § 1.17(g)	
126 180 126 180				Submission of Information Disclosure Statement	
581 40 581 40				Recording each patent assignment per property (times number of properties)	
148 710 248 355				Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710 249 355				For each additional invention to be examined (37 CFR § 1.129(b))	
179 710 279 355				Request for Continued Examination (RCE)	
169 900 169 900				Request for expedited examination of a design application	
Other fee (specify)					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$0.00

SUBMITTED BY

Name (Print/Type) **James C. Forbes**
Signature *James C. Forbes*

Registration No. **39,457**
(Attorney/Agent)

Complete (if applicable)

Telephone **847-581-6090**
Date **January 15, 2002**

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